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ABSTRACT

This study examined issues related to both support and stress in the social networks of mothers of adolescent parents. Specifically, it examined who provides support or causes stress for grandmothers, as well as what types of support and stress, and investigated how the characteristics of the grandmothers' social networks affect their psychological well-being and the quality of their interaction with their grandchildren. Subjects were 18 urban low-income African-American families that included an adolescent mother, a 12-month-old infant, and a maternal grandmother. Grandmothers were interviewed and videotaped with the infants. Measures included an assessment of the grandmothers' social networks, an assessment of psychological symptomology (in which women rated how frequently they had experienced specific psychological symptoms), a measure of parenting satisfaction; and a behavior rating of grandmother-infant interaction. Results showed that interpersonal conflict experienced by the grandmothers with their daughters and others had a negative impact on the psychological well-being and parenting by the grandmothers. Data suggested a highly intercorrelated subset of variables: number of network members providing conflict; lack of satisfaction with support; increased psychiatric symptoms; and angry or unresponsive parenting by the grandmother. (Contains 20 references.) (MM)

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THE MOTHERS OF ADOLESCENT MOTHERS: SUPPORT AND CONFLICT IN GRANDMOTHERS' SOCIAL NETWORKS

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THE MOTHERS OF ADOLESCENT MOTHERS: SUPPORT AND CONFLICT IN GRANDMOTHERS' SOCIAL NETWORKS

Many Americans have viewed the high rate of childbearing among African-American adolescents as cause for concern about the future of the young women and their children (Hofferth & Hayes, 1987; Furstenberg, 1976), and considerable public attention and social policy has been directed toward teenage pregnancy prevention. Recently, however, others have argued that, within lower-income African-American subcultures, adolescent childbearing should be viewed as an alternative life-course pattern rather than a nonnormative life event (Ladner, 1986; Burton, 1990; Williams, 1991). However, unmarried adolescent motherhood is a functional alternative life course only within a specific type of family system -- one in which older generations place a high value on the importance of young children and are also willing to play a major role in their care.

Within the African-American community, female extended family members, have traditionally played an important role as social supports and socializers of children (Burton, 1990; Stack, 1974; Wilson, 1986). A number of research studies have documented that, within families with an adolescent mother, the maternal grandmother, in particular, is a key support to the development of both her daughter and her grandchildren (Colletta & Lee, 1983; Furstenberg, 1980; Furstenberg, Brooks-Gunn, & Morgan, 1987; Stevens, 1988). However, while the importance of assistance provided by grandmothers has been recognized, little is known about the effect of providing such support on the grandmothers themselves. We know little about the types of stress they experience or about the network of people from whom they receive support -- even though these factors may be critical for understanding how grandmothers can facilitate the development of the younger generations within their families.

The present study is concerned with issues related to both support and stress in the social networks of the mothers of adolescent parents. Specifically, it examines who provides support and stress to grandmothers and what types of support and stress are provided by different types of individuals. In addition, it investigates how the characteristics of the women's social networks affect their psychological well-being and the quality of their interaction with their grandchildren. We hypothesized that women's psychological well-being and parenting behavior would be enhanced by larger supportive networks and diminished by networks that included more members who provide the women with stress or with support accompanied by stress.

METHODS

Subjects

The sample consisted of 18 urban low-income African-American families which included an adolescent mother, a twelve-month-old infant, and a maternal grandmother.

Procedures and Measures

Grandmothers were interviewed and videotaped with their infants when the children were 12 months of age.

Social network characteristics. Objective and subjective aspects of the grandmothers' social networks were assessed through the use of a modified version of the Arizona Social Support Interview Schedule (ASSIS) (Barrera, 1981). It examines seven supportive aspects (advice, material aid, emotional support, positive feedback, child-care assistance, social participation, help with household tasks) and two stressful aspects of the social network (negative feedback, and conflict). For each of these areas, women were asked to name those individuals who contributed to them in general and within the past few months. In addition, for each of the supportive aspects, they were asked to rate how satisfied they were with the support on a three-point scale and

for each of the stressful aspects they were asked to rate how bothered they were on a three-point scale.

Psychological symptomology. Psychological symptomology was assessed with a modified version of the Hopkins Symptom Check List (HSCL) (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974a,b). This was a 58-item scale on which the women rated how frequently they had experienced specific psychological symptoms. The scale is scored into five subscales: somatization, obsessive-compulsive, interpersonal sensitivity, anxiety, and depression. For this report, we looked only at the total number of psychiatric symptoms.

Parenting satisfaction. A Parenting Satisfactions and Hassles Inventory was employed that had been developed for use with this study (Voight & Hans, 1992). Some of the items were drawn from the research of Crnic and colleagues (1983; 1987); others were developed specifically for use with caregivers of one-year-old infants. The inventory includes 24 items (12 hassles and 12 satisfactions) selected to tap the caregivers' feelings about daily interaction with the infant.

Grandmother-infant interaction. The grandmothers were observed interacting with the infants in a variety of structured and unstructured tasks and the quality of their interactions was coded using the infant version of the Parent-Child Observation Guides for Program Planning -- also called the PCOG (Bernstein, Hans, & Percansky, 1991). This instrument assesses two factor analytically-derived subscales: The first rotated principal component consists of parental anger toward the child and lack of responsivity to the child's needs. The second component consists of positive feelings shown toward the child, sensitivity to child's interests, and helping child learn scales.

RESULTS AND DISCUSSION

Characteristics of the Grandmothers' Social Networks.

Looking at the grandmothers' social networks as a whole, it was apparent that

the networks were sources of stress as well as support. The average number of people who provided support and only support was 8.33 (s.d. = 5.01). For many of these women, support came only at the cost of conflict, and often conflict came in the absence of any support. The average woman in the study listed about two individuals who provided her with support but also conflict ($\underline{X}$ = 2.17, s.d. = 1.72), and an additional one or two who provided her only with stress ($\underline{X}$ = 1.56, s.d. = 1.69).

As revealed in Table 1, the numbers of people from whom the grandmothers received support varied considerably for different women. For example, women reported between 0 and 8 people who gave them advice. Numbers of providers also varied across category of support with women reporting the most people available for social participation ($\underline{X}$ = 3.67) and the fewest for emotional support ($\underline{X}$ = 1.94). With regard to the stressful aspects of the network, women reported that conflict was both more common and more stressful than negative feedback.

Table 2 shows the proportion of women in the sample who received different types of help from different types of individuals. Who provided support in different categories seemed to be regulated by boundaries of kinship, generation, and gender. Household help and childcare are provided almost exclusively by kin. Socializing occurs with people of the same generation (sisters, friends, male partners). People of the same and older generation (mothers, sisters, friends, male partners, and brothers) provide advice, provide emotional support, and provide material aid. The younger generation (sons and daughters) provide household help. Females (mothers, sisters, and daughters) are most likely to be providers of advice, positive feedback, and childcare. In fact, across all the categories of support, the largest amount of support was provided by female kin of older, same, and younger generations.

This is not to say that men were absent from the support networks of the women. Partners, in particular, played a major supportive role; sons and brothers were frequently mentioned; and pastors were sometimes sources of advice (see Table 2).

The only male figure conspicuously absent from the support networks of the women were their own fathers.

Despite the positive contributions made by female kin, they were also a source of considerable conflict to women (see Table 2). Daughters in particularly were a large source of conflict. After daughters, male partners were the second most common source of conflict and they were the most common providers of negative feedback. Sisters were the second greatest source of negative feedback and the third greatest source of conflict.

Relation of Network Characteristics to Measures of Grandmother Well-being and Interaction with Grandchild

To determine the relation of social network characteristics to the measures of subjective well-being, a multivariate regression analysis was computed in which the dependent variables were satisfaction with support, psychological symptomology, and parenting satisfaction and the independent variables were the numbers of members who provided support only, the numbers of members who provided support and conflict, and the numbers of members who provided only conflict. While the number of network members providing only support or blends of support and stress were unrelated to well-being, the number of network members providing stress exclusively was negatively correlated with well-being ($F(3,12) = 10.25$, $p < .001$).

A multivariate regression analysis was also conducted to determine the relationship between network size characteristics and the two components of grandmother-infant interaction. The number of providers of support only and the number of providers of both support and stress were unrelated to caregiver behavior. However, women who had more individuals in their networks who provided conflict and no support was related to poorer interaction on the Negative-Unresponsive component ($F(2,13) = 5.10$, $p < .05$). In other words, grandmothers who were in

conflict with more individuals in their network were more likely to show anger to their one-year-old grandchildren.

Altogether, the data suggest a highly intercorrelated subset of variables: numbers of members of the network providing conflict, lack of satisfaction with support, more psychiatric symptoms, and angry / unresponsive parenting (see Table 3). A multiple regression analysis computed on negative-unresponsive parenting using the other three variables as predictors was statistically significant, although none of the individual predictors were significant after controlling for the other two. The high degree of intercorrelations among these variables suggests to us that they should be conceptualized as a closely related system of behavioral and psychological processes.

Summary

In summary, interpersonal conflict experienced by the grandmothers with their daughters and others was linked to the psychological well-being and parenting of the grandmothers. The frequency of conflict between adolescent mothers and their mothers has been discussed by others -- often framed in terms of developmental issues salient to adolescence. For example, Richardson and her colleagues (1991) noted that the "double bind" experienced by the adolescent in asserting independence from the family while also depending on them for basic needs and guidance in childrearing may lead to conflict.

Furstenberg noted that "If the development of children and their parents occurs in tandem, we should also be giving more attention to how developmental issues in adulthood affect parental performance" (1985, p. 285). In a similar vein, we argue that the tension between the grandmothers and their daughters should also be viewed in terms of the grandmothers' developmental issues. The comments made by the grandmothers during the research protocols suggest that they may be struggling with their own double binds. Many of them were trying to balance their ongoing commitment to do their best for their families and their desire to escape the heavy

burden of caring for others. As women in their thirties and forties, they had never experienced a break between the period in which they cared for their own children and when they were faced with the care of grandchildren.

The finding from this study that is most closely linked to child development -- and one that should be tested by further research with larger samples -- is that conflict in the grandmother's social network is a marker for problematic relationships between her and her grandchild. It is important to note that stressful network relationships were only related to the negative-unresponsive component of parenting. Grandmothers who scored poorly on this component were those who responded with hostility when the baby was upset or needed something. These are the kinds of situations that require the caregiver to handle stress, frustration, and the burden of caregiving.

Because the present sample was small, the findings should be viewed as exploration into new territory and perhaps as stimulus for further study of grandmothers in the lives of young children. The specific methods and findings of this study can be incorporated into a larger message: not to forget, when studying young children, that families consist of many members whose lives are progressing simultaneously and whose experiences and behavior may reverberate throughout the family system.

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Table 1. Size of and Satisfaction with Domains of Support and Stress

Type of Support	Mean Number Providers	SD	Range	Mean Satisfaction	SD	Range
Advice	2.67	2.17	0-8	2.38[a]	.62	1-3
Material Assistance	3.11	1.97	0-8	2.56[a]	.73	1-3
Confidants	1.94	1.66	0-6	2.78	.65	1-3
Positive Feedback	3.17	2.04	1-8	2.78	.55	1-3
Childcare Assistance	2.44	2.04	0-8	2.31[b]	.75	1-3
Social Participation	3.67	3.07	0-12	2.28	.75	1-3
Household Help	2.11	1.88	0-5	2.06	.80	1-3
Type of Stress	**Mean Number Providers**	**SD**	**Range**	**Mean Bother**	**SD**	**Range**
Negative Feedback	1.72	1.36	0-4	1.50[c]	.76	1-3
Conflict	2.78	1.73	0-7	1.94[d]	.56	1-3

[a] Two of the grandmothers received no support in this area and did not rate satisfaction

[b] Five of the grandmothers received no support in this area and did not rate satisfaction

[c] Four of the grandmothers experienced no negative feedback and did not rate bother in that area

[d] One of the grandmothers experienced no conflict and did not rate bother in that area

Table 2. Percentages of Women Mentioning Providers of Support and Stress

	Domains of Interpersonal Support and Stress								
	Advice	Material Assistance	Confidants	Positive Feedback	Childcare Assistance	Social Participation	Household Help	Negative Feedback	Conflict
Providers	Percentages of Women Mentioning								
Mother	44	44	22	39	33		17	17	11
Sister(s)	44	39	33	39	33	33	17	17	22
Friend(s)	28	28	33	28		33		17	17
Daughter(s)			11	50	28	22	67		56
Sister(s)-in-Law			17		17	22			
Partner	17	28	33	22		39		39	28
Son(s)				17			39	17	17
Brother(s)	17	33				17			
Pastor	22								

[a]Responses under 17% were omitted.

Table 3. Intercorrelations between Subset of Variables

		1	2	3	4
1.	Providers of Conflict Only	--			
2.	Satisfaction with Support	-.62	--		
2.	Total Psychological Symptoms	.71	-.52	--	
3.	Negative /Unresponsive Parenting	.59	-.49	.60	--